

Bureau of Health Care Quality and Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN313AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/26/2010 |
| NAME OF PROVIDER OR SUPPLIER MOUNTAIN SPRINGS SENIOR CARE COMMUNITY | | STREET ADDRESS, CITY, STATE, ZIP CODE 2765 N MOUNTAIN STREET CARSON CITY, NV 89703 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | <p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a annual State Licensure survey conducted in your facility on 8/26/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of B.</p> <p>The facility is licensed for 30 Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was 17. Ten resident files were reviewed and ten employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following deficiencies were identified:</p> | Y 000 | | |
| Y 106 SS=D | <p>449.200(2)(a) Personnel File - 1st aid & CPR</p> <p>NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.</p> <p>This Regulation is not met as evidenced by:</p> | Y 106 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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| Y 106 | Continued From page 1 Based on record review on 8/26/10, the facility failed to ensure that 1 of 10 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #6 - CPR certification not obtained within 30 days of hire). Severity: 2 Scope: 1 | Y 106 | | |
| Y 255 SS=F | 449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division. This Regulation is not met as evidenced by: Based on observation, interview and record review on 8/26/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1. Cleaning and Sanitation Issues: a. Bread packages were found stored on milk crates in the dry storage room. | Y 255 | | |

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| Y 255 | Continued From page 2 b. The can opener blade and housing unit for the can opener were soiled with food debris. c. The green and white cutting boards were stained from excessive use. d. The reach-in refrigerator fan was heavily soiled with dust and food debris. e. The seasoning and hot water tank cabinets were soiled with kitchen debris, dirt, and food particles. f. A cabinet specified for chemical storage was soiled with dirt and kitchen debris. g. Sanitized pots and pans were found stored on a dirty rag under the oven. h. The outside garbage receptacles were found uncovered and surrounding enclosure was littered with miscellaneous debris. i. The kitchen and dry storage room floors were heavily soiled underneath the reach-in refrigerator, dishwasher, three compartment sink, and storage room shelves. j. The junctures between the kitchen counter-tops and walls were unsealed around the three compartment sink and surrounding areas. Severity 2: Scope 3 | Y 255 | | | |
| Y 442 SS=F | 449.229(7)(b) Smoking Policy NAC 449.229 7. The administrator shall ensure that a written | Y 442 | | | |

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| Y 442 | Continued From page 3 policy on smoking is developed and carried out by the facility. The policy must be: (b) Posted in a common area of the facility. This Regulation is not met as evidenced by: Based on observation on 8/26/10, the facility did not ensure its policy on smoking was posted in a common area of the facility. Severity: 2 Scope: 3 | Y 442 | | | |
| Y 451 SS=D | 449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation on 8/26/10, the facility failed to have a first aid kit available with the required components (missing CPR mask). | Y 451 | | | |

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| Y 451 | Continued From page 4 Severity: 2 Scope: 1 | Y 451 | | |
| Y 693 SS=F | 449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen; (2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored; (3) Persons do not smoke in those areas where smoking is prohibited; (4) All electrical equipment is inspected for defects which may cause sparks. (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; (6) The equipment used to administer oxygen is in good working condition; (7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and (8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident. | Y 693 | | |

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| Y 693 | <p>Continued From page 5</p> <p>This Regulation is not met as evidenced by: Based on observation on 8/26/10, the facility failed to ensure oxygen tanks for 1 of 2 residents were secured to the wall or in a rack (Room #4 had 2 unsecured oxygen tanks leaning against a wall).</p> <p>The facility did not have signs posted which prohibit smoking and notify persons that oxygen is in use in areas of the facility in which oxygen is in use or is being stored (Rooms #4, #21 and #23).</p> <p>Severity: 2 Scope: 3</p> | Y 693 | | | |

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